

Name
in
Full

CERTIFICATE OF DEATH

Adeline E. Atkinson

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Teor West. Pa. ^{County} Somerset

Date of death 1906 Month 7 Day 21 Age 82 Years 11 Months - Days

Sex Female Color or Race White Birth-place Somerset Co

Occupation Housewife Where Residing if not at place of death Place of death -

~~Married Single~~ Widowed Name of Wife or Husband Saml Atkinson

Father's Name Kevin Miller Father's Birthplace Som. Co

Mother's Maiden Name Nancy Samuelson Mother's Birthplace Som Co

Name of person giving information Kevin J Atkinson How related to deceased Son

CAUSES OF DEATH

Primary Infirmitities of age 154 How long School Years

Immediate Asthenia 1 Day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. W. Wainwright
Pmiced Home
MdPHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

Mollie Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

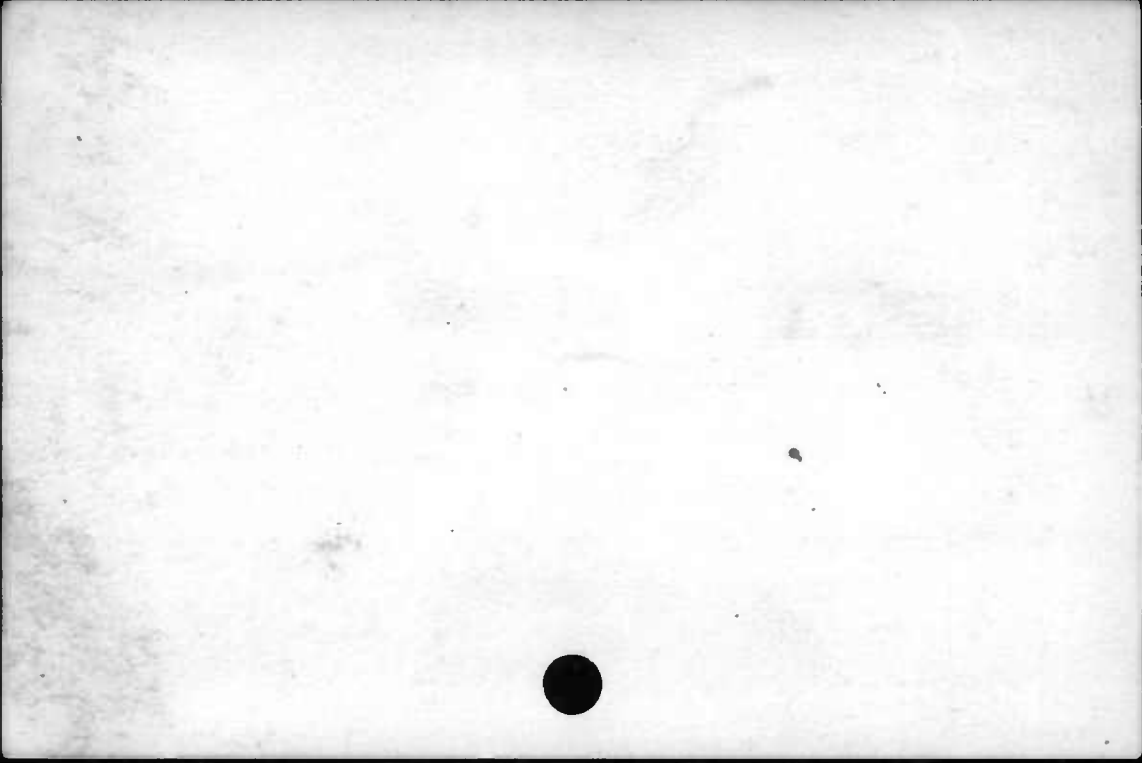
MARYLAND

Died at <u>Kingston</u> ^{Town}		<u>Somerset</u> ^{County}			
Date of death <u>1906</u>	Month <u>July</u>	Day <u>27</u>	Age <u>22</u>	Months <u>1</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Suriname</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Kingston Md.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Enoch Barnes</u>				
Father's Name <u>Benjamin Williams</u>	Father's Birthplace <u>Suriname</u>				
Mother's Maiden Name <u>Cristie Green</u>	Mother's Birthplace <u>Suriname</u>				
Name of person giving information <u>Enoch Barnes</u>			How related to deceased <u>Husband</u>		

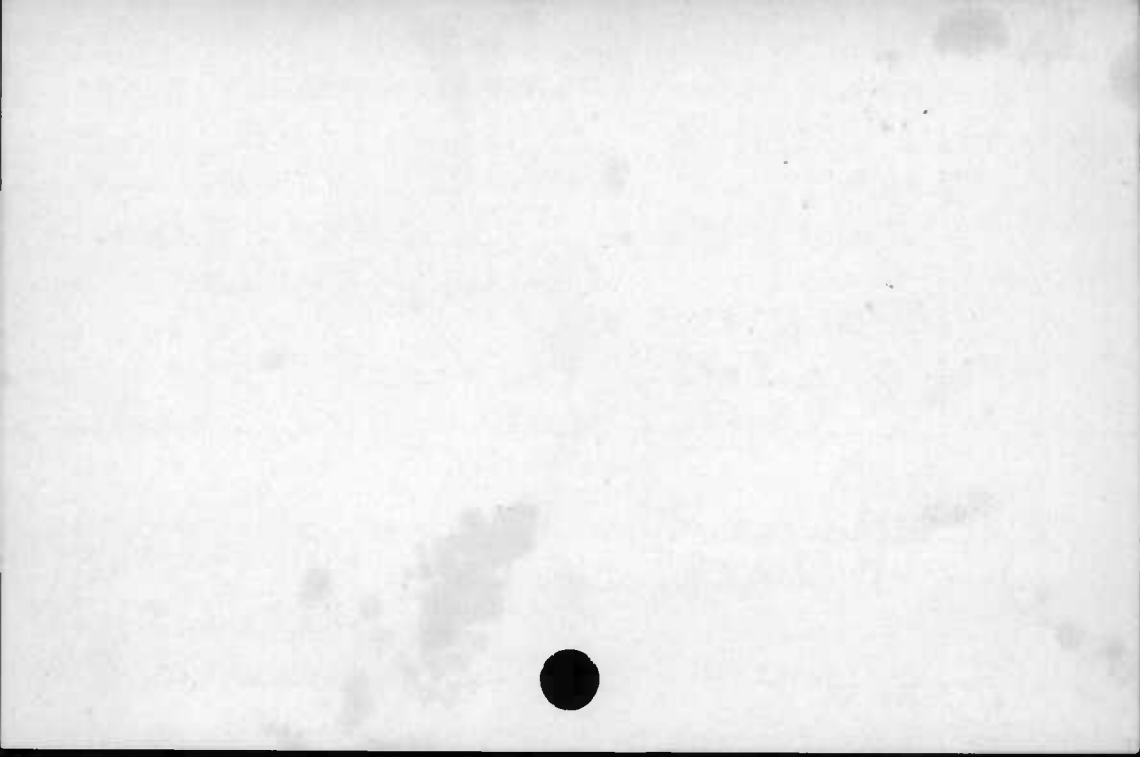
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Child birth</u>	How long <u>5 days</u>
Immediate <u>Heart Failure</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Marion</u>
Accident or Suicide? <u>Accident</u>	



Name in Full		Henry Boyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marumisco		County Somerset		MARYLAND
	Date of death	1906	Month	7	Day	23	Age
					Years	1	Months
					Days	1	
	Sex	Male		Color or Race	Colored		Birthplace
	Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Henry Boyer				Father's Birthplace	
Mother's Maiden Name		Lenny Lake				Mother's Birthplace	
Name of person giving information		Arthur Boyer				How related to deceased	
						Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Indigestion			How long	
						2 weeks	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Arthur Boyer		
		Address		Marumisco			
Accident or Suicide?		No Physician in attendance			md		



Name
in
Full

Edward W. Daumerel

CERTIFICATE OF DEATH

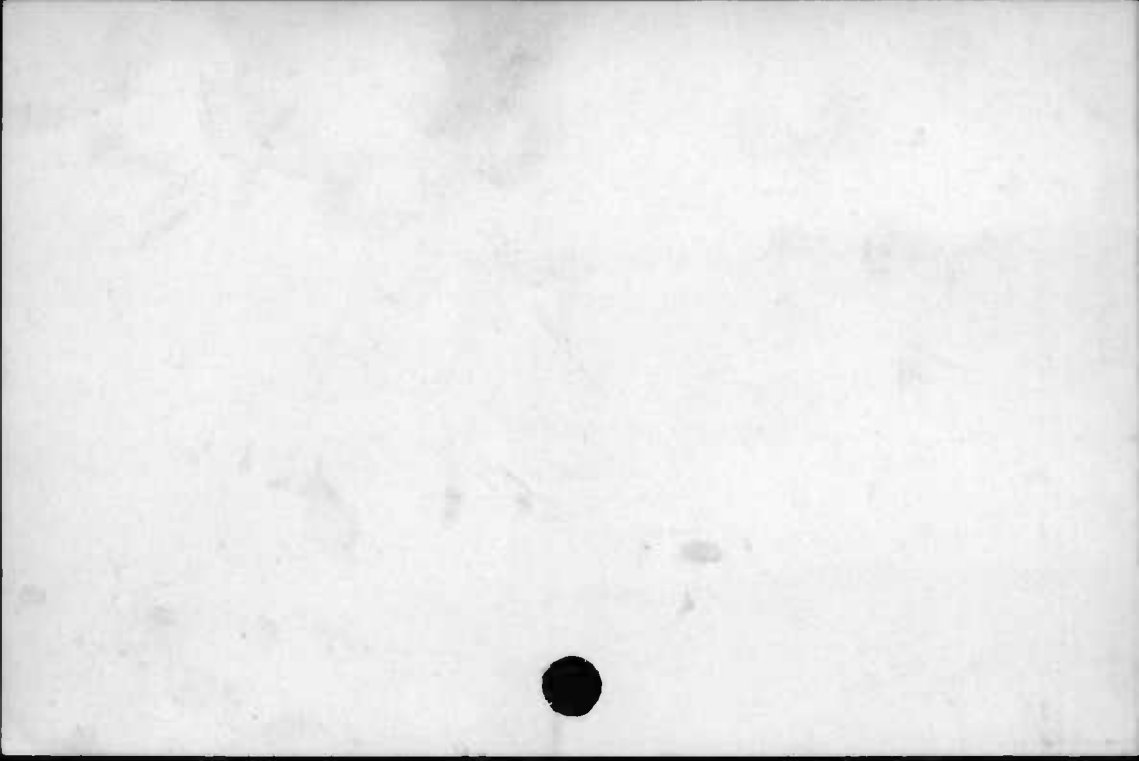
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Deal Island		Somerset		County		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death		1906		July		4		Age		32	
Sex		Male		Color or Race		White		Birthplace		Deal Island	
Occupation		Waterman		Where Residing If not at place of death		Deal Island					
Married, Single or Widowed		Married		Name of Wife or Husband		Helen G. Smith					
Father's Name		Wm Daumerel						Father's Birthplace		Virginia	
Mother's Maiden Name		Charlotte S. Price						Mother's Birthplace		Deal Island	
Name of person giving information		Addie T. Daumerel						How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Typhoid Fever		How long		23 days -	
Immediate		Arthritis		How long		5 days -	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. F. Alexander	
				Address		Somerset Co.	
Accident or Suicide?							



Name
in
Full

Naomi Braun

CERTIFICATE OF DEATH

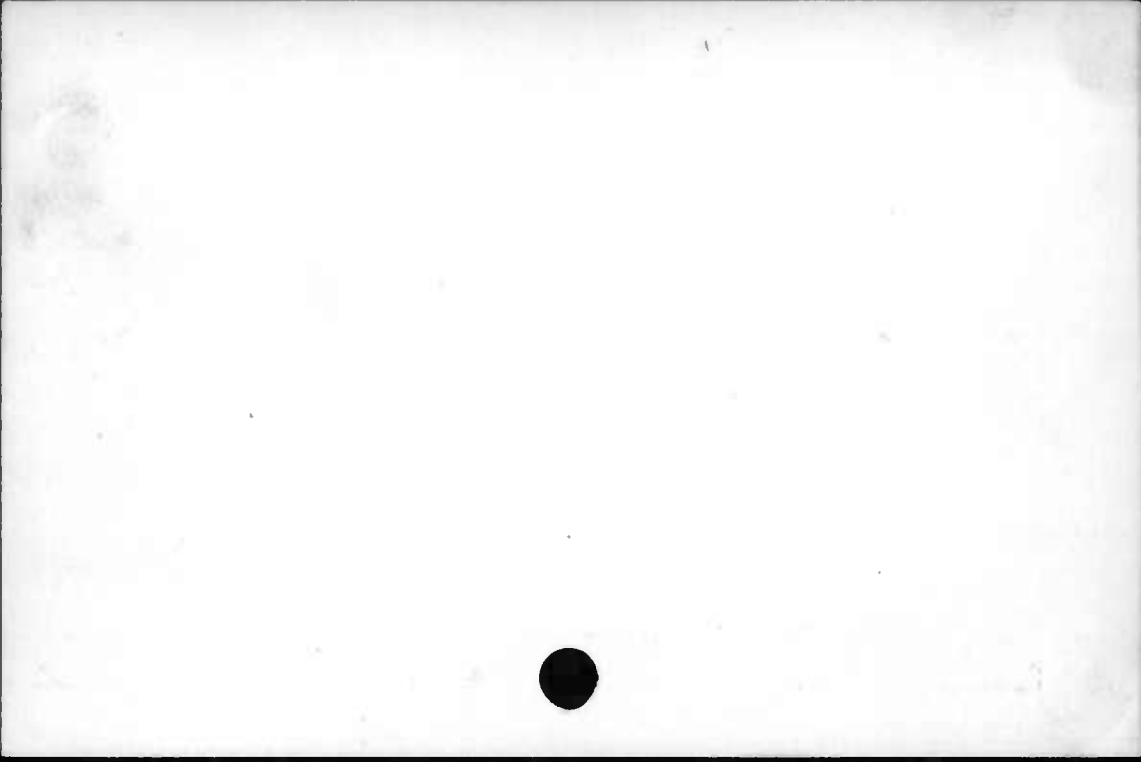
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Net Vernon</i>			Town <i>Net Vernon</i>		County <i>Southern</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>19</i>	Age <i>28</i>	Years	Months	Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Net Vernon.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Braun</i>						
Father's Name <i>Wm. T. Smith</i>		Father's Birthplace <i>W. Va.</i>						
Mother's Maiden Name <i>Sallie Murray</i>		Mother's Birthplace <i>W. Va.</i>						
Name of person giving information <i>John T. Smith</i>		How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary & Bronchial Tuberculosis</i>	How long <i>12 mos.</i>
Immediate <i>Asthma</i>	How long <i>Several days</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Chas. F. Foster M.D.</i>
	Address <i>Princess Anne Md.</i>
Accident or Suicide?	



Name
in
Full

Geo. Edw. Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Habnah* ^{Town}

County

*Somerset*Date of death *1906* ^{Month} *July*Day *11*Years *26* AgeMonths *-*Days *-*Sex *male*Color or Race *Black*Birth-place *md.*Occupation *Farmer*Where Residing if not
at place of death *-*Married, Single
or Widowed *single*Name of Wife or
Husband *-*Father's Name *Edw. Horsey*Father's Birthplace *md.*Mother's Maiden Name *Sarah E. Bale*Mother's Birthplace *md.*Name of person giving
In formation *Rah't Jones*How related
to deceased *Uncle.*

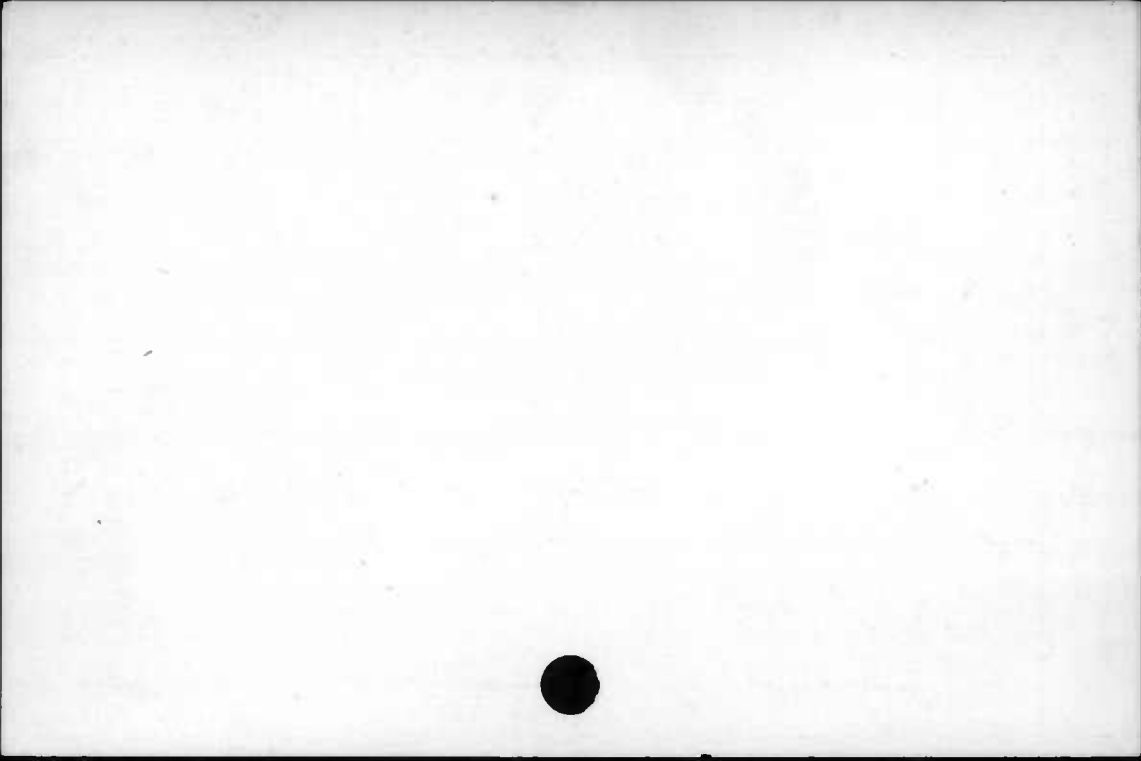
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Typhoid Fever*How long *3 1/2 wks.*Immediate *Intestinal Hemorrhage*How long *2 days.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Chas. T. Fisher, M.D.*

Address

Princess Anne, md.

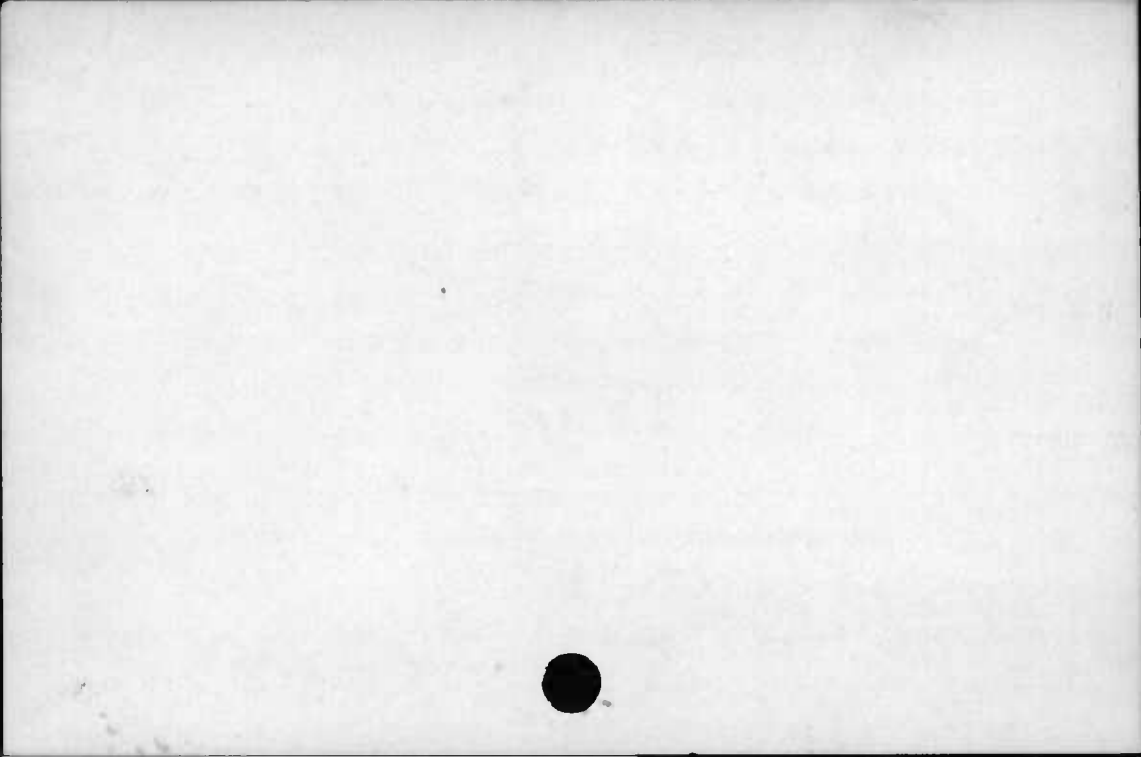
Accident or Suicide?



Name in Full		Mary S. Johnson				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hopewell		County Somerset				
						MARYLAND				
		Date of death		1906	Month July	Day 22	Age 84	Years 9	Months 24	Days
		Sex Female		Color or Race White		Birth- place Hopewell Md				
		Occupation Lady		Where Residing if not at place of death —						
PHYSICIAN OR CORONER		Married, Single or Widowed		Widowed		Name of Wife or Husband — Harry F Johnson				
		Father's Name		John. Cullen		Father's Birthplace Hopewell. Md				
		Mother's Maiden Name		Patty Ward		Mother's Birthplace Hopewell Md				
		Name of person giving In formation		Mr Willie J Thomas		How related to deceased Daughter				
				CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Softening of Brain		How long 3 years				
		Immediate		Diarhoea		How long 2 weeks				
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. T. Tull.				
				Address Overfield Md						
		Accident or Suicide?		No						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Marion</i>		County <i>Somerset</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>July</i>	Day <i>5</i>	Age <i>17</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Marion</i>	
	Occupation <i>School girl</i>		Where Residing if not at place of death <i>Do</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Elyah Oulen</i>	Father's Birthplace <i>Marion Ind</i>			
	Mother's Maiden Name <i>Lelia Williams</i>	Mother's Birthplace <i>Somerset Co</i>			
	Name of person giving information <i>Elyah Oulen</i>	How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Indigestion.</i>	<i>104</i>		How long <i>5 months</i>	
	Immediate <i>Heart failure</i>			How long <i>2 Days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E J Oulen (Father)</i>		
			Address <i>[Redacted]</i>		
	Accident or Suicide? <i>No Physician in attendance</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Vigie Cornell
Shelton

Town

County

Summit

MARYLAND

Date

of death 1906

Month

July

Day

20

Age

Years

✓

Months

2

Days

✓

Sex

female

Color or
Race

white

Birth-
place

Sum. Co., Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Ardis Cornell

Father's
Birthplace

Md.

Mother's
Maiden Name

Annie Bridgell

Mother's
Birthplace

Md.

Name of person giving
information

Ardis Cornell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus infantile

How long

Since Birth

Immediate

Exhaustion

How long

about 1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. M. Wilson, M. D.

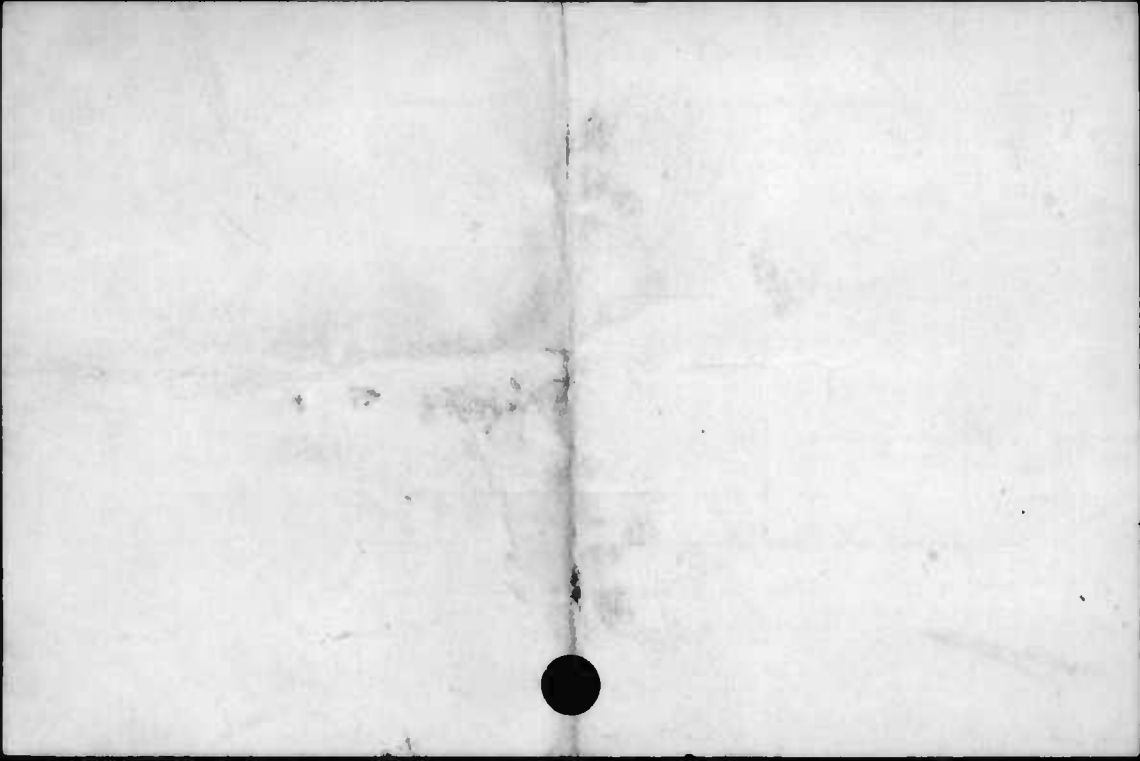
Address

Pocomoke City

Accident or Suicide?

✓

PHYSICIAN
OR CORONER



Name
in
Full

Major Price

CERTIFICATE OF DEATH

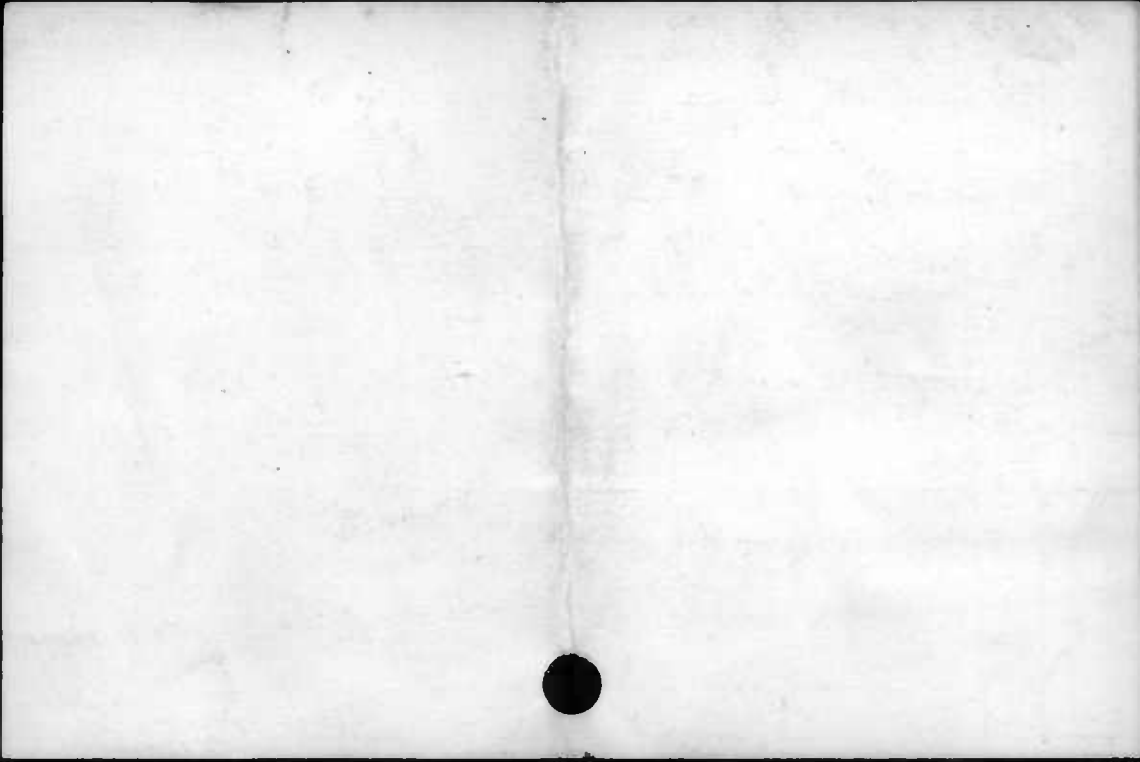
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chance		County Somerset		MARYLAND	
Date of death		1906	Month July	Day 23rd	Age 65 -	Months	Days
Sex Male		Color or Race Colored		Birthplace Som. Co.			
Occupation Dry skin man		Where Residing if not at place of death —					
Married, Single or Widowed Widowed		Name of Wife or Husband —					
Father's Name Emmanuel Price		Father's Birthplace Som. Co.					
Mother's Maiden Name Ellen Wright		Mother's Birthplace Som. Co.					
Name of person giving information John F. Price		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	20 yrs.
Immediate	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. J. Windsor, M.D.	
		Address	
		Lakes Center, Somerset Co., Md.	
Accident or Suicide?			



Name
in
Full

Daughlin of Lee Reggm (one triplet) 7/15/1906
 Died at Shelton ^{Town} Somerset ^{County} MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date of death 1906 ^{Month} July ^{Day} 24 ^{Age} — ^{Years} — ^{Months} — ^{Days} 6 hrs

Sex Female Color or Race White Birth-place Shelton

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Lee Reggm Father's Birthplace Shelton

Mother's Maiden Name Nona Ennis Mother's Birthplace Green Bell

Name of person giving information Eugene Broughton How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate Died 6 hrs after birth How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

None in attendance

Accident or Suicide? _____



Name
in
FullSon of Lee Reggin (one of 5 children) 7/18/77
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sheetown</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month	<u>July</u>	Day	<u>24</u>
Age		Years		Months	<u>6 hrs</u>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birthplace	<u>Sheetown</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	
Signature of Physician	<u>None in Attendance</u>
Address	
Accident or Suicide?	



Name
in
Full

David Lee Riggm

(One of Triplets)

CERTIFICATE OF DEATH

MARYLAND

Died at

Shelton

Town

Somerset

County

Date

of death 1906

Month

July

Day

24

Age

Years

—

Months

Days

6 hrs

Sex

male

Color or
Race

White

Birth-
place

Shelton Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Lee Riggm

Father's
Birthplace

Shelton

Mother's
Maiden Name

Hona Curtis

Mother's
Birthplace

Green Hill

Name of person giving
In formation

Eugene Droughton

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Died 6 hrs after birth

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

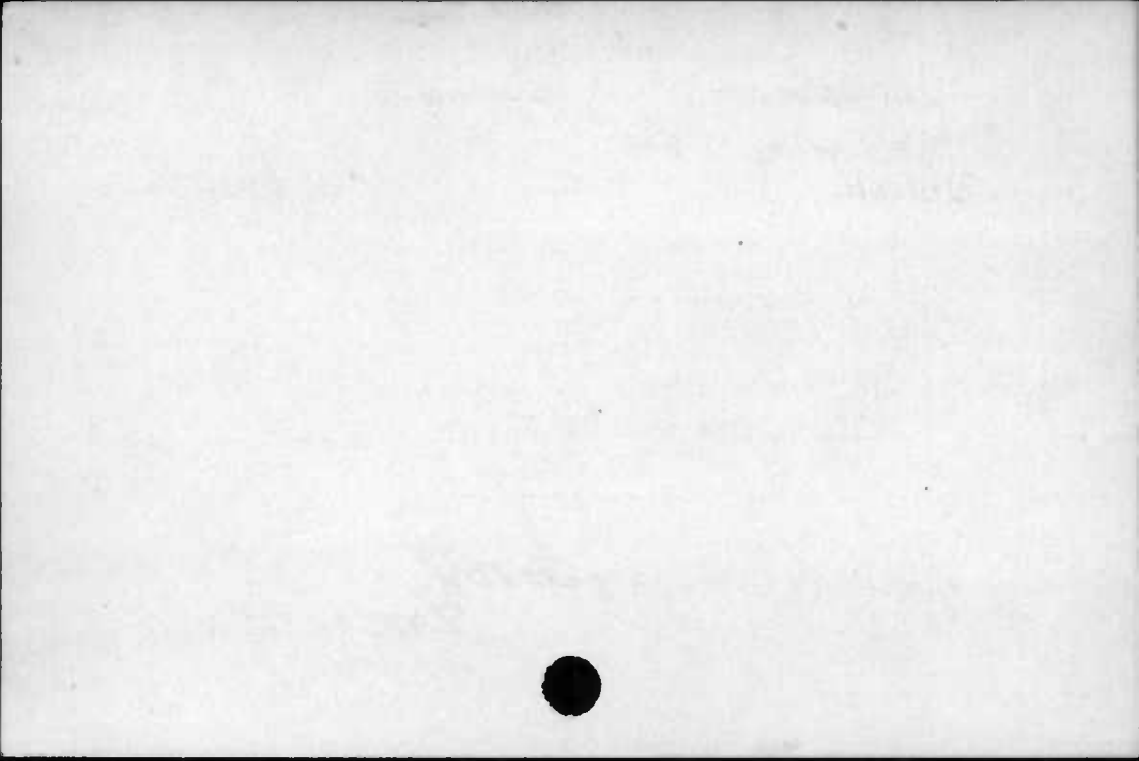
Signature of
Physician

None in Attendance

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full *Ebenezer Robertson*

CERTIFICATE OF DEATH

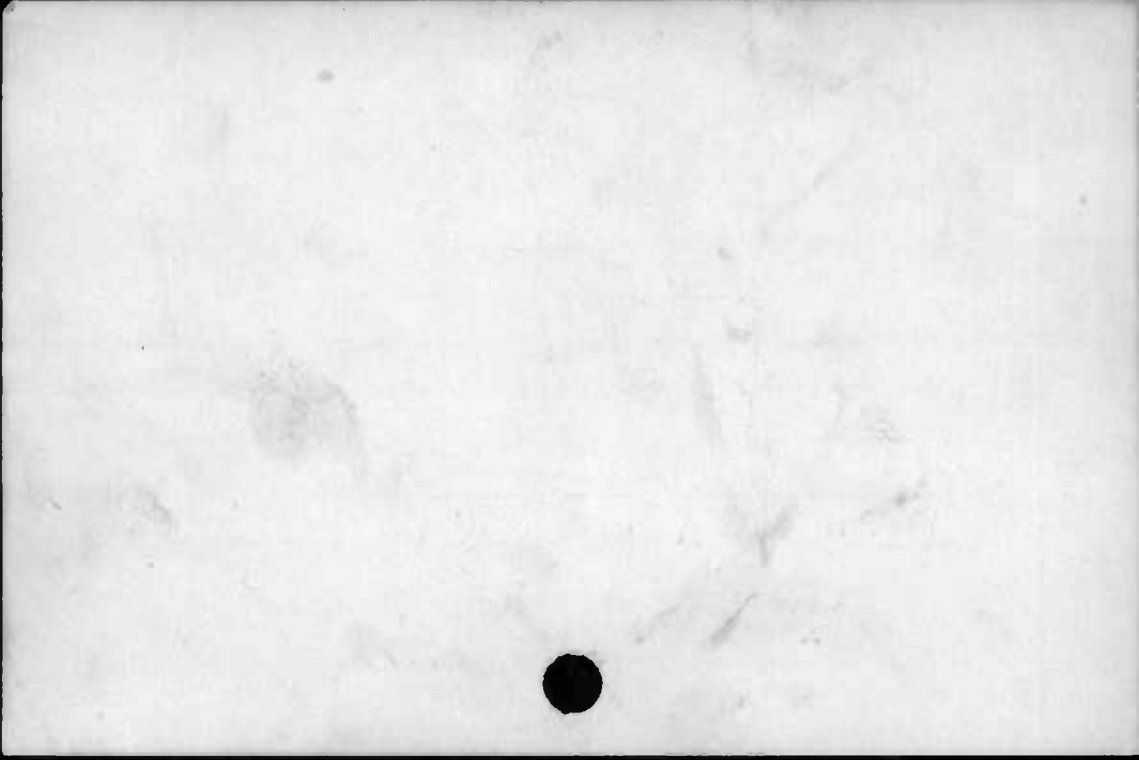
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deer Island</i>		Town <i>Sumner</i>		County <i>Sumner</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>July</i>	Day <i>25</i>	Age	Years	Months <i>5</i>	Days <i>2</i>
Sex <i>girl</i>	Color or Race <i>Black</i>			Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Henry T. Robinson</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary A. Evans</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mrs A. Robinson</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>since birth</i>
Immediate	<i>Admission</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Alexander</i>	
<i>yes</i>		Address <i>Stonewall Co.</i>	
Accident or Suicide?			



Name
in
Full

George South alias Wm Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Smiths Island* Town *Somerset* County

Date of death 1906 July 26 Age 17 Months — Days —

Sex *male* Color or Race *Black* Birth-place *Newport News Va.*Occupation *Sailor* Where Residing If not at place of death *Somerset Co, Md*Married, Single or Widowed *Single* Name of Wife or Husband —Father's Name *John Scott* Father's Birthplace *Unknown.*Mother's Maiden Name *Unknown* Mother's Birthplace *Newport News Va.*Name of person giving information *Self.* How related to deceased

CAUSES OF DEATH

Primary *Broken neck*

How long

Immediate *Broken neck* Respiratory failure 17 minutes

Are the name, age, sex, color, date and place correctly given above?

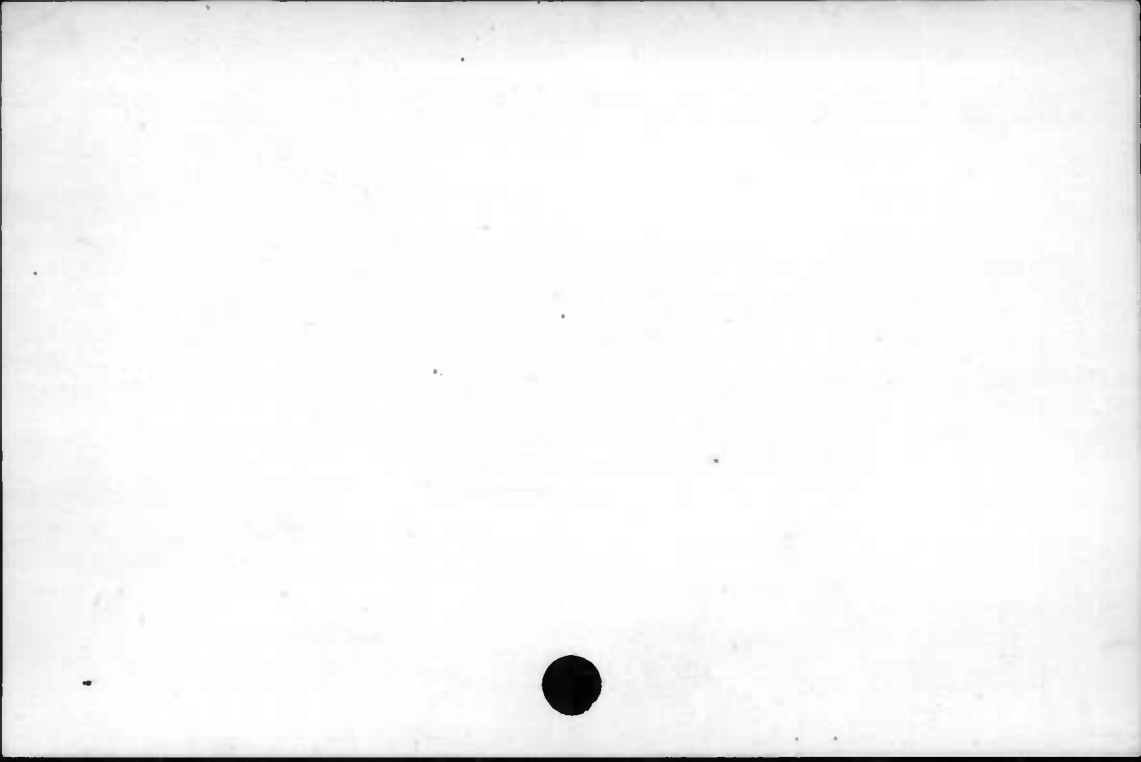
yes

Signature of Physician

Chas. F. Fisher, M.D.

Address

*Princess Anne, Md.*Accident or Suicide? *Hanged by sheriff of Somerset County, Md.*



Name
in
Full

Sarah Priscilla Smith

CERTIFICATE OF DEATH

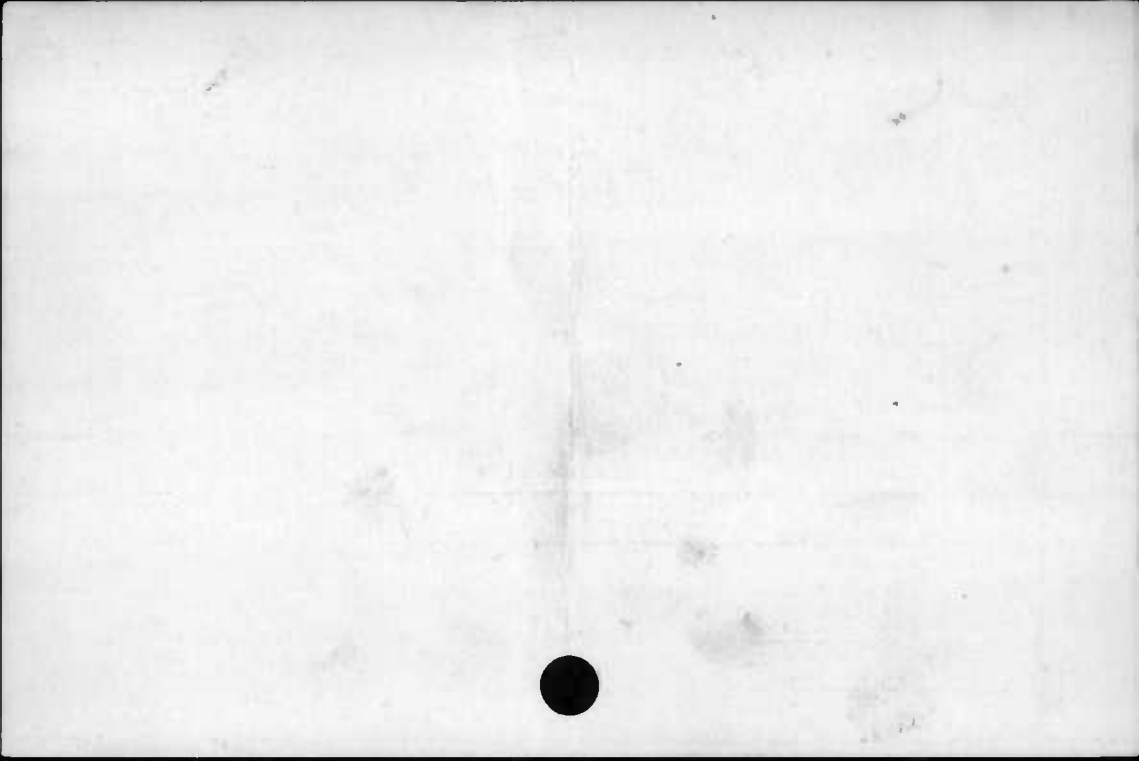
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairmount		Somerset		MARYLAND						
Date of death		1906	Month	7	Day	27	Age	17	Years	Months	Days	5
Sex		Female		Color or Race		Black		Birth-place		Fairmount		
Occupation		domestic		Where Residing if not at place of death								
Married, Single or Widowed		<input checked="" type="checkbox"/> Married		Name of Wife or Husband								
Father's Name		Wm E. Smith		Father's Birthplace		Fairmount						
Mother's Maiden Name		Laura Waters		Mother's Birthplace		"						
Name of person giving information		Wm E. Smith		How related to deceased		Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis (27)		How long	4 Mo
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Geo H. Hall		
Address		Marion P.O.		
Accident or Suicide?		(undertaker)		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Hiram Sterling		CERTIFICATE OF DEATH	
Died at Marion Sta <small>Town</small>		Somerset <small>County</small>	
Date of death 1906 July 14		MARYLAND	
Sex Male	Color or Race Black	Birth-place Somerset Co	
Occupation Farmer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Maria Sterling		
Father's Name Stephen Hanby	Father's Birthplace Somerset Co		
Mother's Maiden Name Lesh Hanby	Mother's Birthplace Somerset Co		
Name of person giving information Joseph Anderson	How related to deceased		
CAUSES OF DEATH			
Primary Cause Retention of Urine	How long (12)		
Immediate Cause Uremia	How long		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. H. Boulbourn, M.D.		
	Address Crisfield, Md.		
Accident or Suicide?			



Name
in
Full

Lawson Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lawsonia</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>1906 July</u> <small>Month</small>		<u>30</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lawsonia</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>Lawsonia</u>		
Married, Single or Widowed <u>— S</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Archie Sterling</u>		Father's Birthplace <u>Lawsonia, Md.</u>			
Mother's Maiden Name <u>Marie Wilson</u>		Mother's Birthplace <u>Lawsonia, Md.</u>			
Name of Person Living In Information <u>Marie Sterling</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	<u>105</u>	How long <u>—</u>
Immediate <u>Isocolitis</u>		How long <u>22 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Boulbourn</u>	<u>Leisfield, Md.</u>
Accident or Suicide?		



Name
in
Full

(None) Infant

Swift 7/18/18

CERTIFICATE OF DEATH

MARYLAND

Died at Kingston Town

County Somerset

Date

of death 1906

Month 7

Day 13

Age

Years —

Months 2

Days 10

Sex

Male

Color or
Race

White

Birth-
place

Kingston

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Cropper Swift

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Jennie M Eavis

Mother's
Birthplace

" "

Name of person giving
information

Cropper Swift

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dysentery

How long

Since birth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Cropper Swift (Father)

Address

Herald

Accident or Suicide?

No Physician in attendance

md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Logie		Town Crofton Station		County Somerset		MARYLAND	
Died at Crofton Station		Month July		Day 22		Years 72	
Date of death 1906 July 22		Age 72		Months		Days	
Sex Male		Color or Race Yellow		Birthplace Somerset Co Md			
Occupation Laborer		Where Residing if not at place of death at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Easter Powell					
Father's Name Whitty Logie		Father's Birthplace Somerset Co					
Mother's Maiden Name Lillie		Mother's Birthplace Somerset Co					
Name of person giving information Samuel Deal		How related to deceased no relation					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	93	How long a few days
Immediate Asphyxiation		How long one hour
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. J. Lewiston
		Address Pocomoke City Md
Accident or Suicide? no		



Name
in
Full

Wm. R. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i> ^{Town} <i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>6</i> ^{Age} <i>57</i> ^{Years} <i>5</i> ^{Months} <i>25</i> ^{Days}	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co</i>
Occupation <i>Cysterman</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie White</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Carl Dorsey</i>	How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>5-Days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount - Md</i>
Accident or Suicide?	



Thos W. Landone

Landonsville

Pa

Name
in
Full

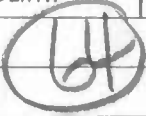
CERTIFICATE OF DEATH

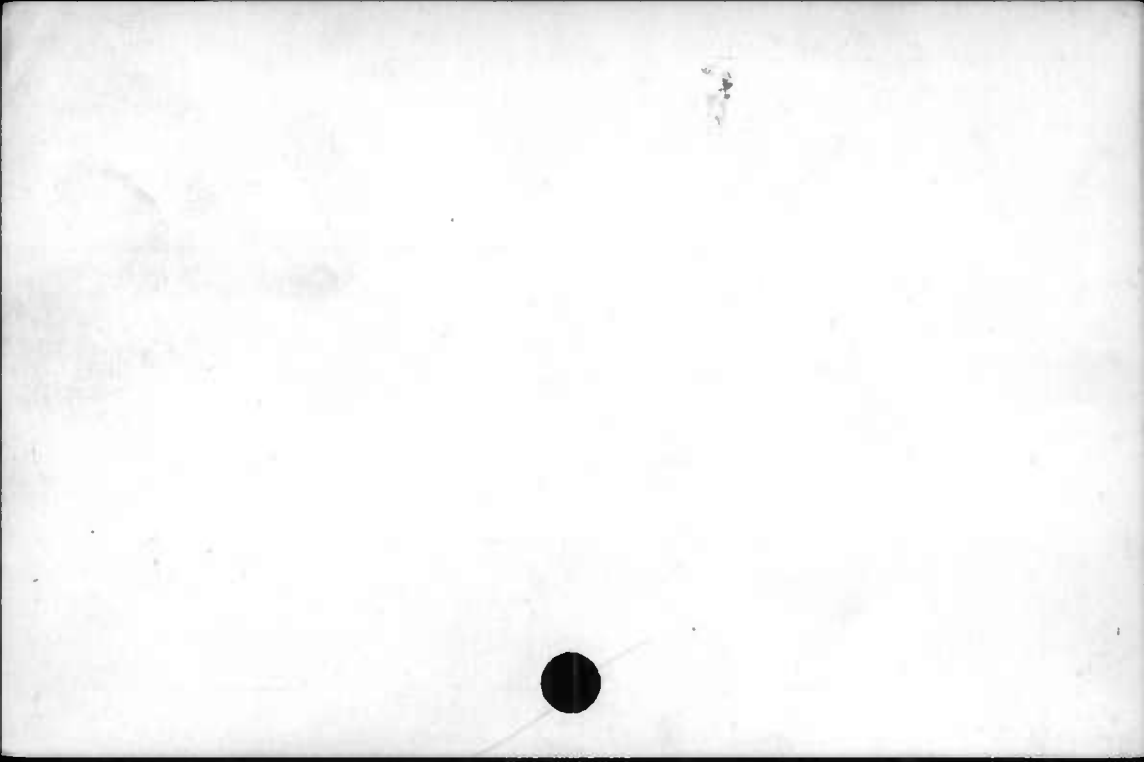
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel M Wooster</i>		Town <i>Grover</i>		County <i>Dorchester</i>		MARYLAND									
Died at <i>Cottage Grover</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>21</i>		Years <i>62</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>New Jersey</i>		Occupation <i>farmer</i>		Where Residing if not at place of death <i>near Cottage Grover</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>May E Blanchard</i>		Father's Name <i>J. H. Wooster</i>		Father's Birthplace <i>New Jersey</i>		Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>" "</i>		Name of person giving Information <i>J. H. Wooster</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>2 days</i>
Immediate <i>Paralysis</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel L. Linn</i>
		Address <i>Poromota City Md</i>
Accident or Suicide?		



Name
in
Full

Mrs. Rosana Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Leoston		County Somerset			
Date of death		Month	Day	Age	Years	Months	Days
1906		July	9	38		0	0
Sex		Color or Race		Birth-place			
Female		White		Maryland.			
Occupation		Where Residing if not at place of death					
Dont Know		Dont Know					
Married, Single or Widowed		Name of Wife or Husband					
		Thos. Henry Young					
Father's Name		Father's Birthplace					
Culman Wingate							
Mother's Maiden Name		Mother's Birthplace					
May Johnson							
Name of person giving information		How related to deceased					
Henry Young							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	27
	Immediate	Physical Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		J. W. Eades M.D.	
	Address		Wetmore, Miss.	
Accident or Suicide?				

